

Forensic Laboratory Letter of Permit Exception Application

I. General information

<input type="checkbox"/> Initial Application <input type="checkbox"/> Renewal <input type="checkbox"/> Survey <input type="checkbox"/> Change in Certification Type <input type="checkbox"/> Other Changes (<i>Specify</i>) _____			MARYLAND FORENSIC IDENTIFICATION NUMBER _____ <i>(If an initial application leave blank, a number will be assigned)</i>		
FACILITY NAME			FEDERAL TAX IDENTIFICATION NUMBER		
EMAIL ADDRESS			TELEPHONE NO. (<i>Include area code</i>)	FAX NO. (<i>Include area code</i>)	
FACILITY ADDRESS — <i>Physical Location of Laboratory (Building, Floor, Suite if applicable.)</i> <i>Fee Coupon/Certificate will be mailed to this Address unless mailing address is specified</i>			MAILING/BILLING ADDRESS (<i>If different from street address</i>)		
NUMBER, STREET (<i>No P.O. Boxes</i>)			NUMBER, STREET		
CITY	STATE	ZIP CODE	CITY	STATE	ZIP CODE
NAME OF DIRECTOR (<i>Last, First, Middle Initial</i>)			For Office Use Only Date Received _____ Application Approved _____ Check Number _____ Amount _____		
NAME OF QA MANAGER (<i>Last, First, Middle Initial</i>)					

II. Type of License Requested *(Check only one)*

- ☐ Letter of Permit Exception (Complete Sections I-II and V-X)
- ☐ Waiver (Complete Sections I -II and V-XI)
- ☐ License for Forensic Laboratory Non-Accredited (Complete Sections I-XI)
- ☐ License for Forensic Laboratory Accredited (Complete Sections I – XI) and indicate which of the following organization(s) your laboratory is accredited by, or for which you have applied for accreditation:

- | | | |
|---|-------------------------------|---|
| <input type="checkbox"/> ASCLD/ LAB- Legacy | <input type="checkbox"/> A2LA | <input type="checkbox"/> ISO |
| <input type="checkbox"/> ASCLD/LAB- International Testing | <input type="checkbox"/> FQS | <input type="checkbox"/> Other (Please Specify):
_____ |

IMPORTANT:

If you are applying for a license as an accredited laboratory, you must provide evidence of accreditation for your laboratory by an approved accreditation organization as listed above, including the accreditation certification, documented accrediting assessments, and corrective actions taken for nonconformance with established requirements.

III. Type of Forensic Disciplines and Sub-disciplines Performed at the Laboratory that ARE ACCREDITED by Accreditation Organization *(Check all that apply)*

- ☐ Controlled Substances
 - ☐ Controlled Substances, pharmaceutical & illicit drugs (blood & breath are excluded)
 - ☐ Controlled Substances, other (includes related chemicals/paraphernalia, botanical material) -
PLEASE SPECIFY: _____
- ☐ Toxicology
 - ☐ Toxicology, Forensic
 - ☐ Toxicology, Post Mortem
 - ☐ Toxicology, other (would include poisons, drug analysis on specimens other than blood/breath) -
PLEASE SPECIFY: _____
- ☐ Biology
 - ☐ DNA Analysis
 - ☐ Serology
- ☐ Trace Evidence
 - ☐ Adhesives
 - ☐ Analysis of Unknowns
 - ☐ Explosives/Explosion Debris/Fuels

- ☐ Fibers/Hairs/Textiles
- ☐ Fire Debris
- ☐ Glass
- ☐ Gunshot Residue
- ☐ Metal/Alloys
- ☐ Paint
- ☐ Physical Comparisons
- ☐ Polymers
- ☐ Trace Evidence, other - *PLEASE SPECIFY:* _____

- ☐ Firearms, Toolmarks, Impressions
 - ☐ Firearms
 - ☐ Toolmarks
 - ☐ Impressions (includes tires/footwear)
 - ☐ Firearms operability

- ☐ Latent Prints
 - ☐ Latent Print Processing
 - ☐ Latent Print Comparison
 - ☐ Latent Print ID

- ☐ Questioned Documents
 - ☐ Handwriting
 - ☐ Paper
 - ☐ Questioned Documents, other (would include marks, stamps, inks, printing materials, copier, printers, typewritten materials, embossing, etc.) - *PLEASE SPECIFY:* _____

- ☐ Forensic Pathology
- ☐ Forensic Entomology
- ☐ Forensic Odontology

IV. Type of Forensic Disciplines and Sub-disciplines Performed at the Laboratory that are NOT ACCREDITED by Accreditation Organization (*Check all that apply*)

- ☐ Controlled Substances
 - ☐ Controlled Substances, pharmaceutical & illicit drugs (blood & breath are excluded)
 - ☐ Controlled Substances, other (includes related chemicals/paraphernalia, botanical material) - *PLEASE SPECIFY:* _____

- ☐ Toxicology
 - ☐ Toxicology, Forensic
 - ☐ Toxicology, Post Mortem
 - ☐ Toxicology, other (would include poisons, drug analysis on specimens other than blood/breath) - *PLEASE SPECIFY:* _____

- ☐ Biology
 - ☐ DNA Analysis
 - ☐ Serology
- ☐ Trace Evidence
 - ☐ Adhesives
 - ☐ Analysis of Unknowns
 - ☐ Explosives/Explosion Debris/Fuels
 - ☐ Fibers/Hairs/Textiles
 - ☐ Fire Debris
 - ☐ Glass
 - ☐ Gunshot Residue
 - ☐ Metal/Alloys
 - ☐ Paint
 - ☐ Physical Comparisons
 - ☐ Polymers
 - ☐ Trace Evidence, other - PLEASE SPECIFY: _____
- ☐ Firearms, Toolmarks, Impressions
 - ☐ Firearms
 - ☐ Toolmarks
 - ☐ Impressions (includes tires/footwear)
 - ☐ Firearms operability
- ☐ Latent Prints
 - ☐ Latent Print Processing
 - ☐ Latent Print Comparison
 - ☐ Latent Print ID
- ☐ Questioned Documents
 - ☐ Handwriting
 - ☐ Paper
 - ☐ Questioned Documents, other (would include marks, stamps, inks, printing materials, copier, printers, typewritten materials, embossing, etc.) - PLEASE SPECIFY: _____
- ☐ Forensic Pathology
- ☐ Forensic Entomology
- ☐ Forensic Odontology

V. Hours of Laboratory Testing (List times during which **laboratory testing** is performed in HH:MM format)

	SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
FROM:							
TO:							

VI. Type of Laboratory

Voluntary Nonprofit	For Profit / Commercial	Government
<input type="checkbox"/> 01 Religious Affiliation <input type="checkbox"/> 02 Private Nonprofit <input type="checkbox"/> 03 Other Nonprofit (<i>Specify</i>) _____	<input type="checkbox"/> 04 Proprietary (<i>Complete Section XI</i>)	<input type="checkbox"/> 05 City <input type="checkbox"/> 06 County <input type="checkbox"/> 07 State <input type="checkbox"/> 08 Federal <input type="checkbox"/> 09 Other government (<i>Specify</i>) _____

VII. Letter of Permit Exception

☐ Check if no letter of permit exception is needed

Identify the discipline or sub-discipline in which the forensic analysis is performed. Be as specific as possible. This includes each analyte test system or devices/instruments used for the analysis.

Indicate any accreditation or certification that pertains to the forensic analysis to be performed (*Including Board Certifications or Other Licensures*).

Indicate years of experience that pertains to the forensic analysis to be performed. Be as specific as possible.

Indicate the estimated **total annual test** volume for all forensic analyses performed _____

VIII. Waived Analysis

☐ Check if no waived analyses are performed

Identify the waived analysis performed. Be as specific as possible. This includes each analyte test system or devices/instruments used for the analysis.

Indicate the estimated **total annual test** volume for all waived analyses performed _____

Note that if a waived analysis is requested, a separate application form needs to be completed by the laboratory performing the waived analysis.

IX. Personnel

Indicate the number of individuals employed within the laboratory _____

Indicate the number of individuals who are subject to proficiency testing in each discipline:

(Includes technical support personnel and trainees)

Drug Chemistry _____

Pathology _____

Trace Evidence _____

Toxicology _____

Biology _____

Firearms/ Toolmarks _____

Odontology _____

Entomology _____

Questioned Documents _____

Latent Prints _____

Indicate the number of individuals who are not subject to proficiency testing _____

(Managers, Clerical, Etc.)

IMPORTANT:

Please have all personnel who direct, supervise, and perform forensic analyses complete the supplemental Statement of Qualifications Form included with this application. These forms must be submitted with the license application, otherwise the application will be considered incomplete. (Extra Copies of the form can be made for submission)

X. Director Affiliation with Other Laboratories

If the director of this laboratory serves as a director for additional laboratories that are separately licensed, please complete the following:

MD Forensic Lab License Number	Name of Laboratory

XI. For Profit/ Commercial Laboratories

Name of CEO/ President/ Head of Board (<i>Last, First, Middle Initial</i>)
Name of Vice President (<i>Last, First, Middle Initial</i>)
Name of CFO/ Financial Manager (<i>Last, First, Middle Initial</i>)
Name of Other Board Members/ Management Staff (<i>Last, First, Middle Initial</i>)

ATTENTION: READ THE FOLLOWING CAREFULLY BEFORE SIGNING APPLICATION

I/ We certify that I am/We are 18 years of age or older and of reputable and responsible character do hereby apply for a license to maintain and operate a forensic facility subject to the provisions of Health-General Article, Title 10, Subtitle 51. Annotated Code of Maryland, and to the regulations adopted thereunder by the Secretary of Health and Mental Hygiene.

SIGNATURE OF OWNER/ DIRECTOR OF LABORATORY <i>(Sign in ink)</i>	DATE:
SIGNATURE OF CO-OWNER/ QA MANAGER OF LABORATORY <i>(Sign in ink)</i>	DATE: